



Patient Name	Order No.
Date Measured	Telephone
Measured by	E-mail
Clinic / Hospital	

Please complete and attach this form to a prescription for Haddenham easywrap.

Ensure each item is endorsed on the FP10/GP10 e.g. Haddenham easywrap Light Arm Regular Small.

Please enter the quantity required in appropriate box.

		ARM LEFT			ARM RIGHT			
		SHORT	REGULAR	LONG	SHORT	REGULAR	LONG	
Light 20-30 _{mmHg}	SAND	S	400-5187	400-5245	400-5302	400-5153	400-5211	400-5278
		M	400-5195	400-5252	400-5310	400-5161	400-5229	400-5286
		L	400-5203	400-5260	400-5328	400-5179	400-5237	400-5294
		XL	405-8236	405-8194	405-8186	405-8202	405-8210	400-5294
	BLACK	S	408-8373	408-8290	408-8241	408-8415	408-8332	408-8258
		M	408-8381	408-8308	408-8225	408-8423	408-8340	408-8266
		L	408-8399	408-8316	408-8233	408-8431	408-8357	408-8274
		XL	408-8407	408-8324	408-8217	408-8449	408-8365	408-8282

		HAND LEFT		HAND RIGHT	
Light 20-30 _{mmHg}	SAND	XS	400-5377		400-5369
		S	400-5385		400-5336
		M	400-5393		400-5344
		L	400-5401		400-5351
	BLACK	XS	408-9603		408-9595
		S	408-9637		408-9587
		M	408-9629		408-9579
		L	408-9611		408-9561

Pharmacy Delivery Address	Pharmacy Invoice Address
Postcode	Postcode
E-mail	Telephone

Pharmacies can order online - www.hadhealth.com/pharmacy-shop

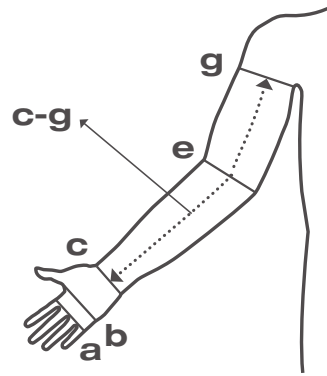
easywrap

UPPER LIMB

SIZING

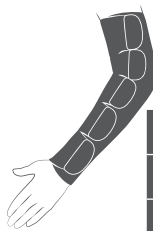
All measurements in cm. Take length measurements following the contour of the limb.

g	Axilla
e	Elbow crease
c	Wrist crease
b	Palm at fold of thumb
a	Palm at base of fingers



HAND

	XS	S	M	L
a Circumference	<18	18-20	20-22	>22
b Circumference	<19	19-21	21-23	>24



ARM

	S	M	L	XL
c Circumference	14-18	16-21	19-25	19-25
e Circumference	20-27	25-34	30-40	32-43
g Circumference	22-31	29-39	32-45	36-50
SHORT	40-44	40-44	40-44	40-44
REGULAR	44-48	44-48	44-48	44-48
TALL	48-52	48-52	48-52	48-52